



0602104012

EFT-001 (Rev. 4/06)

**GEORGIA EFT  
ACH- Debit  
Taxpayer Registration/Authorization Form**

1. Taxpayer Name: \_\_\_\_\_
2. Email Address: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
4. State Taxpayer ID#: \_\_\_\_\_
5. Type of Tax Payment: \_\_\_\_\_
6. 1st Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_
7. 2nd Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Type of Electronic Funds Transfer: ACH-DEBIT  
Bank: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Transit/Routing #: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_ [ ] Checking [ ] Savings (check one)
9. Bank Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Checking account: Please attach a copy of your voided check.  
Savings account: Please attach a copy your deposit slip
10. Method of Transmittal (check one):  
[ ] Touch Tone [ ] Internet  
[ ] Voice Initiated

11. I/we authorize the Georgia Department of Revenue to present debit entries into the bank account referenced above. These debits can be made only after I/we notify the Georgia EFT Service Center to initiate the transfer of funds.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to by mail or fax to: 404-362-2795  
Georgia Department of Revenue-EFT registration  
P.O. Box 49512  
Atlanta, GA 30359-1512